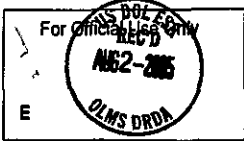


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215 0188  
Expires 11 30 2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9477</u>	2 Fiscal Year Covered From <u>1/1/2004</u> Through <u>12/31/2004</u>
3 Name and address of person filing Name <u>MICHAEL L FOSTER</u> P.O. Box Bldg Room No. if any <u>P.O. 25364</u> Street <u>1135 BROADWAY</u> City <u>ALBUQUERQUE</u> State <u>NM</u> ZIP Code + 4 <u>87125</u>	4 Name, file number, and address of labor organization Name <u>National Postal Mail Handlers Union Local 331</u> Labor Organization File Number <u>517059</u> P.O. Box Building and Room Number if any <u>PO Box 25364</u> Street <u>1135 BROADWAY</u> City <u>ALBUQUERQUE</u> State <u>NM</u> ZIP Code + 4 <u>87125</u>
5 Position in labor organization <u>PRESIDENT</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box Bldg Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction, or Income _____ _____ _____ 7 b. Amount _____

Signature

15 Signature and verification—The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On _____ Date Telephone Number <u>505 346 8097</u>

Name of Person Filing

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name *First Health*

Trade Name if any

P O Box Bldg Room No if any

Street *3200 Highland Ave*City *Downers Grove*State *Illinois*ZIP Code + 4 *60515*

9 Business deals with

☒ a Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

*First Health underwrites the Mail Handler Benefit Plan which is sponsored by the NPMHL*11 b Approximate dollar value of such dealing *over 2 billion*

12 a Nature of interest held or income received

*Dinner  
March 2004*12 b Amount *\$100.00*

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a. Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b. Amount of payment

Name of Person Filing	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>First Health</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>3200 Highland Ave</u></p> <p>City <u>Downers Grove</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60515</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> Labor Organization</p> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p><u>First Health underwrites the Mail Handler Benefit Plan which is sponsored by the NPMHU</u></p> <p>11 b Approximate dollar value of such dealing <u>OVER 2 billion</u></p> <p>12 a Nature of interest held or income received</p> <p><u>Dinner</u></p> <p><u>August 2004</u></p> <p>12 b Amount <u>\$100.00</u></p>

<p>C-Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p> <p style="text-align: center;">_____</p>
<p>13 b Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14 b Amount of payment</p> <p style="text-align: center;">_____</p>

Name of Person Filing	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <i>First Health</i></p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street <i>3200 Highland Ave</i></p> <p>City <i>Downers Grove</i></p> <p>State <i>Illinois</i> ZIP Code + 4 <i>60515</i></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p><i>First Health underwrites the Mail Health Benefit Plan which is sponsored by the NPMHU</i></p> <p>11 b Approximate dollar value of such dealing <i>OVER 2 billion</i></p> <p>12 a Nature of interest held or income received</p> <p><i>DINNER</i></p> <p><i>DECEMBER 2004</i></p> <p>12 b Amount <i>\$ 100.00</i></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box, Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>First Health</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>3200 Highland Ave</u></p> <p>City <u>Downers Grove</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60515</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p><u>First Health underwrites the Mail Handler Benefit Plan which is sponsored by the NPMHU</u></p>
	<p>11 b Approximate dollar value of such dealing <u>over 2 billion</u></p>
	<p>12 a Nature of interest held or income received</p> <p><u>Dinner</u></p> <p><u>October 2004</u></p>
	<p>12 b Amount <u>200.00</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p> <p style="text-align: center; font-size: 2em;">7</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p>